

400-00-7505
Description: Resident Head of Household with Direct Deposit
Forms: AZ-140, Schedule A, 301, 309, 323, 8453
PATS Info
AZ140: Income from W2s, 1099R, 1099G, interest, income from another state
Non-Arizona municipal interest
Supporting parents and ancestors
Clean Election Reduction
Contributions
Overpayment with Direct Deposit
Copy of NM return (first 2 pages)
Add Preparer Information Name = David Filippo Firm = Pima Pawn Shop Address = 2nd Street City = Tucson State = AZ Zip = 85701 Phone = 520-524-2921 Self Employed = Yes SSN = 400-66-8712 EIN = 91-5552144

Label	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning		, 2006, ending		, 20		OMB. No. 1545-0074		
Use the IRS label. (See instructions on page 16.) Otherwise, please print or type.	L	Your first name and initial		Last name		Your social security number			
	A	TEST R		WANN		400-00-7505			
	B	If a joint return, spouse's first name and initial		Last name		Spouse's social security number			
	E	Home address (number and street). If you have a P.O. box, see page 16.		Apt. no.		You must enter your SSN(s) above.			
Use the IRS label. (See instructions on page 16.) Otherwise, please print or type.	H	7 HEAVENS LN							
E	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.						Checking a box below will not change your tax or refund.		
Presidential Election Campaign	TUCSON		AZ		85701				
Filing Status	1 <input type="checkbox"/> Single		4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.				You <input type="checkbox"/> Spouse <input type="checkbox"/>		
Check only one box.	2 <input type="checkbox"/> Married filing jointly (even if only one had income)		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)						
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.								
Exemptions	6 a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a						Boxes checked on 6a and 6b 1		
	b <input type="checkbox"/> Spouse						No. of children on 6c who:		
	c Dependents:						● lived with you 5		
	(1) First name Last name		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) Check if qualifying child for child tax credit (see pg 19)		● did not live with you due to divorce or separation (see page 20)
If more than four dependents, see page 19.	Statement # 1								Dependents on 6c not entered above 2
									Add numbers on lines above 8
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2						7 81,637		
	8a Taxable interest. Attach Schedule B if required						8a 500		
	b Tax-exempt interest. Do not include on line 8a		8b 500						
	9a Ordinary dividends. Attach Schedule B if required						9a		
	b Qualified dividends (see page 23)		9b						
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)						10		
	11 Alimony received						11		
	12 Business income or (loss). Attach Schedule C or C-EZ						12		
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here						13		
	14 Other gains or (losses). Attach Form 4797						14		
	15a IRA distributions		15a		b Taxable amount (see page 25)		15b		
	16a Pensions and annuities		16a 15,000		b Taxable amount (see page 25)		16b 10,000		
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17		
	18 Farm income or (loss). Attach Schedule F						18		
19 Unemployment compensation						19 5,400			
20a Social security benefits		20a		b Taxable amount (see page 27)		20b			
21 Other income. Gambling winnings from AZ				500		21 500			
22 Add the amounts in the far right column for lines 7 through 21. This is your total income						22 98,037			
Adjusted Gross Income	23 Archer MSA deduction. Attach Form 8853		23						
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24						
	25 Health savings account deduction. Attach Form 8889		25						
	26 Moving expenses. Attach Form 3903		26						
	27 One-half of self-employment tax. Attach Schedule SE		27						
	28 Self-employed SEP, SIMPLE, and qualified plans		28						
	29 Self-employed health insurance deduction (see page 30)		29						
	30 Penalty on early withdrawal of savings		30						
	31a Alimony paid b Recipient's SSN		31a						
	32 IRA deduction (see page 31)		32						
	33 Student loan interest deduction (see page 33)		33						
	34 Jury duty pay you gave to your employer		34						
	35 Domestic production activities deduction. Attach Form 8903		35						
	36 Add lines 23 through 31a and 32 through 35						36		
	37 Subtract line 36 from line 22. This is your adjusted gross income						37 98,037		

SCHEDULES A&B
(Form 1040)

Schedule A - Itemized Deductions

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A & B (Form 1040).**

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

TEST R WANN

400-00-7505

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2)	1	10,500		
2	Enter amount from Form 1040, line 38	2	98,037		
3	Multiply line 2 by 7.5% (.075)	3	7,353		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			3,147
Taxes You Paid		5	3,773		
5	State and local income taxes	6	97		
6	Real estate taxes (see page A-5)	7	186		
7	Personal property taxes	8			
8	Other taxes. List type and amount ▶				
9	Add lines 5 through 8	9			4,056
Interest You Paid		10	3,500		
10	Home mortgage interest and points reported to you on Form 1098	11			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-6 and show that person's name, identifying no., and address ▶	12			
12	Points not reported to you on Form 1098. See page A-6 for special rules	13			
13	Investment interest. Attach Form 4952 if required. (See page A-6.)	14			3,500
14	Add lines 10 through 13				
Gifts to Charity		15	2,000		
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-7	16			
16	Other than by cash or check. If any gift of \$250 or more, see page A-7. You must attach Form 8283 if over \$500	17			
17	Carryover from prior year	18			2,000
18	Add lines 15 through 17				
Casualty and Theft Losses		19			
19	Casualty or theft loss(es). Attach Form 4684. (See page A-8.)				
Job Expenses and Certain Miscellaneous Deductions		20			
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-8.) ▶	21	150		
21	Tax preparation fees	22			
22	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	150		
23	Add lines 20 through 22	24	98,037		
24	Enter amount from Form 1040, line 38	25	1,961		
25	Multiply line 24 by 2% (.02)	26			0
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-				
Other Miscellaneous Deductions		27	500		500
27	Other - from list on page A-9. List type and amount ▶ GAMBLING LOSSES				
Total Itemized Deductions		28			13,203
28	Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-9 for the amount to enter.				
29	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2006

Your social security number

400-00-7505

Attachment
Sequence No. **08**

Amount

500

500

1,000

500

500

3

500

Amount

5

6

No

x

2

100

YOUR FIRST NAME AND INITIAL 1 TEST R		LAST NAME WANN		YOUR SOCIAL SECURITY NO. 400-00-7505	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO.	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 7 HEAVENS LN		DAYTIME PHONE (with area code) 520-349-5959		89 <input checked="" type="checkbox"/>	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 TUCSON, AZ 85701		HOME PHONE (with area code) 94 520-524-4837		Check this box if: 82F <input type="checkbox"/> Filing under extension	

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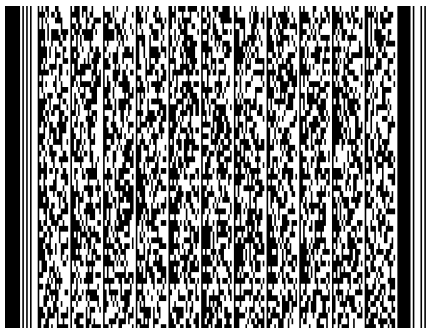
- 4 ☐ Married filing joint return
- 5 ☒ Head of household - name of qualifying child or dependent **ANGELA WANN**
- 6 ☐ Married filing separate return. Enter spouse's Social Security Number above and full name here
- 7 ☐ Single

FOR DOR USE ONLY

- 8 **00** Age 65 or over (you and/or spouse)
- 9 **00** Blind (you and/or spouse)
- 10 **07** Dependents. From page 2, line A2 - **do not include self or spouse.**
- 11 **02** Qualifying parents and ancestors of your parents. From page 2, line A5.

88**81****80**

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12	Federal adjusted gross income	12	98,037	00
13	Additions to income (from page 2, line B13)	13	500	00
14	Add lines 12 and 13	14	98,537	00
15	Subtractions. No. from line C27a: 151	15	36,600	00
16	Arizona AGI. Line 14 minus line 15	16	61,937	00
17	17 <input checked="" type="checkbox"/> ITEMIZED 17 <input type="checkbox"/> STANDARD	17	20,056	00
18	Personal exemptions	18	4,200	00
19	AZ taxable inc. Line 16 minus lines 17 & 18	19	37,681	00
20	Compute tax. Use line 19 & proper tax table	20	1,083	00
21	Tax from recapture of credits	21		00
22	Subtotal of tax. Add lines 20 and 21	22	1,083	00
23 - 24	Clean Elections Fund Tax Reduction.			
23	23 <input checked="" type="checkbox"/> YOURSELF 23 <input type="checkbox"/> SPOUSE	24	5	00
25	Reduced tax. Subtract line 24 from line 22	25	1,078	00

Attach
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26	Family income tax credit from worksheet on page 15 of instructions	26		00
27	Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required	27	958	00
28	Credit type. Enter form number of each credit claimed: 28 323 309 3 3			
29	Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29		00
30	Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero	30	120	00
31	Arizona income tax withheld during 2006	31	2,523	00
32	Arizona estimated tax payments for 2006	32		00
33	Amount paid with 2006 Arizona extension request (Form 204)	33		00
34	Increased Excise Tax Credit from worksheet on page 17 of the instructions	34		00
35	Property Tax Credit from Form 140PTC	35		00
36	Total payments/refundable credits. Add lines 31 through 35	36	2,523	00
37	TAX DUE. If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37		00
38	OVERPAYMENT. If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38	2,403	00
39	Amount of line 38 to be applied to 2007 estimated tax	39		00
40	Balance of overpayment. Subtract line 39 from line 38	40	2,403	00
41 - 49	Voluntary Gifts to:			
	AID TO EDUCATION (entire refund only)	41		00
	CHILD ABUSE PREVENTION	44	15	00
	NEIGHBORS HELPING NEIGHBORS	47	30	00
	ARIZONA WILDLIFE DOMESTIC VIOLENCE SHELTER	42	10	00
	SPECIAL OLYMPICS	45	20	00
		48	35	00
	CITIZENS CLEAN ELECTIONS NATIONAL GUARD RELIEF FUND	43	6	00
	POLITICAL GIFT	46	25	00
		49	40	00
50	Check only one if making a political gift: 50 <input type="checkbox"/> Democratic 50 <input checked="" type="checkbox"/> Libertarian 50 <input type="checkbox"/> Republican			
51	Estimated payment penalty and MSA withdrawal penalty	51		00
52	Check applicable boxes: 52 <input type="checkbox"/> Annualized/Other 52 <input type="checkbox"/> Farmer or Fisherman 52 <input type="checkbox"/> Form 221 attached 52 <input type="checkbox"/> MSA Penalty			
53	Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, and 51	53	181	00
54	REFUND. Subtract line 53 from line 40. If less than zero, enter amount owed on line 55	54	2,222	00
	Direct Deposit of Refund: See instructions.			
	ROUTING NUMBER ACCOUNT NUMBER C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings			
	98 021234567 123123123			
55	AMOUNT OWED. Add lines 37 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.	55		00
	<input type="checkbox"/> Payment enclosed. Check the box and attach payment.			

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

NO. OF MONTHS
LIVED IN YOUR
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	
SEE AZDE ATT PAGE 1			

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

7

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

Norman Greentree

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

ZACH WANN

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

NO. OF MONTHS
LIVED IN YOUR
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	
SEE AZDE ATT PAGE 3			

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

• • • • • TOTAL

A5

2

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	500	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	500	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	16,100	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	20,000	00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	36,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19		00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21	500	00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Active duty military pay (including combat pay) that you included in federal adjusted gross income	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule	C29		00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	36,600	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE
SIGN
HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

03-21-2006

DATE

TREE TRIMMER

OCCUPATION

SPOUSE'S SIGNATURE

DATE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

91-5552144

03-21-2006

DATE

PIMA PAWN SHOP

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2ND STREET

TUCSON, AZ 85701

PAID PREPARER'S TIN

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).

If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

**ARIZONA SCHEDULE
A****Itemized Deduction Adjustments**
For Full-Year Residents Filing Form 140

Attach to your return

NAME(S) AS SHOWN ON FORM 140

TEST R**WANN**

YOUR SOCIAL SECURITY NUMBER

400-00-7505

SPOUSE'S SOCIAL SECURITY NUMBER

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	10,500	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3	3,147	00
4	Add line 2 and line 3, and enter the result	4	3,147	00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	7,353	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2006 that is equal to the amount of your 2006 federal credit	7		00
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Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8	500	00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10	500	00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	500	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
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Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
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Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
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Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	7,353	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17	500	00
18	Total federal itemized deductions allowed to be taken on federal return	18	13,203	00
19	Enter the amount from line 16 above	19	7,353	00
20	Add lines 18 and 19	20	20,556	00
21	Enter the amount from line 17 above	21	500	00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17 . . .	22	20,056	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

For the calendar year 2006, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

TEST R WANN

YOUR SOCIAL SECURITY NUMBER

400-00-7505

SPOUSE'S SOCIAL SECURITY NUMBER

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3		00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309	7	458	00
8	Credit for Solar Energy Devices from Form 310	8		00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Pollution Control Credit from Form 315	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12	Credit for Employment of TANF Recipients from Form 320	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13		00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14		00
15	Credit for Contributions to School Tuition Organizations from Form 323	15	500	00
16	Agricultural Pollution Control Equipment Credit from Form 325	16		00
17	Neighborhood Electric Vehicle (NEV) Credit from Form 328	17		00
18	Credit for Donation of School Site from Form 331	18		00
19	Credit for Healthy Forest Enterprises from Form 332	19		00
20	Credit for Employing National Guard Members from Form 333	20		00
21	Credit for Motion Picture Production Costs from Form 334	21		00
22	Credit from Solar Energy Devices Commercial and Industrial Applications from Form 336	22		00
23	Total Available Tax Credits: Add lines 1 through 22	23	958	00

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

24	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	24	1,083	00
25	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	25	5	00
26	Subtract line 25 from line 24	26	1,078	00
27	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 37	27		00
28	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VI, line 19	28		00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part X, line 39	29		00
30	Tax from recapture of Credit for Motion Picture Production Cost from Form 334, Part VIII, line 34	30		00
31	Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	31		00
32	Subtotal: Add lines 26 and 31	32	1,078	00
33	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	1,078	00

400-00-7505

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35 Defense Contracting Credit from Form 302	35		00
36 Enterprise Zone Credit from Form 304	36		00
37 Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37		00
38 Military Reuse Zone Credit from Form 306	38		00
39 Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40 Credit for Increased Research Activities from Form 308-I	40		00
41 Credit for Taxes Paid to Another State or Country from Form 309	41	458	00
42 Credit for Solar Energy Devices from Form 310	42		00
43 Agricultural Water Conservation System Credit from Form 312	43		00
44 Pollution Control Credit from Form 315	44		00
45 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	45		00
46 Credit for Employment of TANF Recipients from Form 320	46		00
47 Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	47		00
48 Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . .	48		00
49 Credit for Contributions to School Tuition Organizations from Form 323	49	500	00
50 Agricultural Pollution Control Equipment Credit from Form 325	50		00
51 Credit for Neighborhood Electric Vehicle (NEV) from Form 328	51		00
52 Credit for Donation of School Site from Form 331	52		00
53 Credit for Healthy Forest Enterprises from Form 332	53		00
54 Credit for Employing National Guard Members from Form 333	54		00
55 Credit for Motion Picture Production Costs from Form 334	55		00
56 Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	56		00
57 Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	958	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

309

For the calendar year 2006, or fiscal year beginning and ending .

Attach to your return. A separate form must be filed for each state or country for which a credit is claimed.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST R WANN

YOUR SOCIAL SECURITY NO.

400-00-7505

SPOUSE'S SOCIAL SECURITY NO.

Part I Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2006**Other State:** If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state. See page 6 of the instructions for a list of state abbreviations . . . NM**Other Country:** If claiming a credit for taxes paid to another country, enter the name of the other state or country

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.			
	income		
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.	2 \$ 77,700	\$	\$
3 Portion of income included on line 2 subject to tax by Arizona.	3 \$ 77,700	\$	\$
4 Portion of income included on line 2 subject to tax by the other state or country.	4 \$ 77,700	\$	\$
5 Amount of income from item listed on line 1 which is subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4.	5 \$ 77,700	\$	\$
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c)	6	77,700	00

Part II Computation of Other State or Country Tax Credit (Read specific line instructions for Part II before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	578	00
8 Amount from Part I, line 6	8	77,700	00
9 Entire income upon which Arizona tax is imposed. See instructions	9	98,037	00
10 Divide the amount on line 8 by the amount on line 9 (100% maximum)	10	79.3	%
11 Multiply the amount on line 7 by the percent on line 10	11	458	00
12 Income tax paid to (name of other state or country). See instructions. <u>NM</u>	12	2,223	00
13 Amount from Part I, line 6	13	77,700	00
14 Entire income upon which other state's or country's income tax is imposed. See instructions page 4	14	78,200	00
15 Divide the amount on line 13 by the amount on line 14 (100% maximum)	15	99.4	%
16 Multiply the amount on line 12 by the percentage on line 15	16	2,210	00
17 Allowable credit for taxes paid to the above named other state or country: Enter the smaller of line 11 or line 16. See instructions	17	458	00

323

Credit for Contributions to Private School Tuition Organizations

Do not use this form for contributions or amounts paid to a public school. See Form 322 for contributions or amounts paid to public schools.

For the calendar year 2006, or fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST R WANN

YOUR SOCIAL SECURITY NO.

400-00-7505

SPOUSE'S SOCIAL SECURITY NO.

Current Year's Credit

1a Qualifying contributions made to:

Name of school tuition organization: UNIVERSITY OF PHOENIX
 Address of school tuition organization: 765 NORTH ROAD
Glendale, AZ 85301

Amount of contributions made to school tuition organization named on line 1a 1a 750 00

1b Qualifying contributions made to:

Name of school tuition organization: _____
 Address of school tuition organization: _____

Amount of contributions made to school tuition organization named on line 1b 1b 00

If you made contributions to more than 2 school tuition organizations, attach a separate schedule.

1c	Total contributions made to school tuition organizations during 2006	1c	750	00
2	Single taxpayers or heads of household, enter \$500 here. Married taxpayers enter \$1000 here	2	500	00
3	Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2	3	500	00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4	2001	\$	\$	\$
5	2002	\$	\$	\$
6	2003	\$	\$	\$
7	2004	\$	\$	\$
8	2005	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER:			\$

Total Available Credit

10	Current year's credit: enter the amount from line 3	10	500	00
11	Available credit carryover from line 9, column (d)	11		00
12	Total available credit. Add line 10 and line 11. Enter the total here and see the instructions	12	500	00

00 - 561332 - 07505 - 7

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

**ARIZONA FORM
AZ-8453****Arizona Individual Income Tax Declaration
for Electronic Filing****2006**

For the year January 1 through December 31, 2006.

PLEASE PRINT OR TYPE.

YOUR FIRST NAME AND INITIAL TEST R	LAST NAME WANN	YOUR SOCIAL SECURITY NO. 400-00-7505
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.
PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. 7 HEAVENS LN	CITY, TOWN OR POST OFFICE TUCSON, AZ	STATE ZIP CODE 85701

PART I - TAX RETURN INFORMATION

1	Arizona Adjusted Gross Income	1	61,937	00
2	Balance Of Tax	2	120	00
3	Arizona Income Tax Withheld	3	2,523	00
4	Refund	4	2,222	00
5	Amount You Owe	5		00

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT	ROUTING NUMBER
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	021234567
ACCOUNT NUMBER	
123123123	
DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	\$ 0000000000

PART III - DECLARATION OF TAXPAYER - Sign only after completing Part I

- 6a** ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2006 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERO to release copies of the requested documents to DOR.

Sign Here	03-21-2006	
	YOUR SIGNATURE	DATE
		SPOUSE'S SIGNATURE (If joint return, both must sign.)
		DATE

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions)

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only	03-21-2006	CHECK IF PAID PREPARER <input type="checkbox"/>	CHECK IF SELF-EMPLOYED <input checked="" type="checkbox"/>	245-11-0011
	SIGNATURE OF ERO	DATE		SSN or PTIN
	DRAKE INCOME TAX			56-1494243
	FIRM'S NAME (or yours if self-employed)	235 PALMER STREET		EIN
	FRANKLIN, NC 28734-1234		828-888-8888	
	FIRM'S ADDRESS (include zip code)		TELEPHONE NO. (with area code)	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	03-21-2006	CHECK IF SELF-EMPLOYED <input checked="" type="checkbox"/>	400-66-8712
	PREPARER'S SIGNATURE	DATE	SSN or PTIN
	PIMA PAWN SHOP		91-5552144
	FIRM'S NAME (or yours if self-employed)	2ND STREET	EIN
	TUCSON, AZ 85701		520-524-2921
	FIRM'S ADDRESS (include zip code)		TELEPHONE NO. (with area code)

*******KEEP FOR YOUR RECORDS*********Entire Income Upon Which Arizona Tax is Imposed Worksheet**

Enter your entire income upon which Arizona tax is imposed. This is the Arizona adjusted gross income excluding allowable exemptions for age 65 or over, blind, dependents, or qualifying parents and ancestors.

Use the worksheet to figure your entire income upon which Arizona tax is imposed.

1. Enter the amount of Arizona AGI from
Form 140, line 16; Form 140PY, line 19; or
Form 140NR, line 19. 61,937

2. Enter the amount of Arizona Total Exemptions from
Form 140, line C18; Form 140PY, line D30; or
Form 140NR, line D25. 36,100

3. Add the amount on
lines 1 and 2. Enter
the total here and on
line 9 of Arizona
Form 309. 98,037

*******KEEP FOR YOUR RECORDS*******

Credit Carryover Worksheet

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

<p align="center">(a) Credit Type</p> <p>On the lines below, enter the types of credits available to you for 2006.</p>		<p align="center">(b) Carryover?</p> <p>May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.) Check either yes or no. if the answer is no, do not complete columns (c) through (e) for that line.</p>		<p align="center">(c) 2006 Credit</p> <p>On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.</p>	<p align="center">(d) Credit used for 2006</p> <p>On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.</p>	<p align="center">(e) Carryover to 2007</p> <p>For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.</p>
		YES	NO			
1.	309		X			
2.	323	X		500	500	
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Reduction Worksheet

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140
line 22, Form 140NR line 25, or Form 140PY
line 25. 1. 1,083
2. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked
the box for spouse, enter \$10. 2. 5
3. Balance of tax eligible for tax reduction.
Subtract line 2 from line 1. If less than
zero, enter zero "0". 3. 1,078
4. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked the
box for spouse, enter \$10. 4. 5
5. Tax reduction. Enter the lesser of line 3
or line 4. Also enter this amount on Form
140, line 24, Form 140NR line 27, or Form
140PY line 27. 5. 5

2006 Arizona Statement 1

Additional Dependents and Qualifying Parent/Ancestors

400-00-7505

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in
Dependent 7	Norman Greentree	400-55-7566	OTHER	12
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Dependent 15				
Dependent 16				
Dependent 17				
Parent/Ancestor 1	DAVID SAINT	400-55-7570	PARENT	00
Parent/Ancestor 2	MARY SAINT	400-55-7571	PARENT	00
Parent/Ancestor 3				
Parent/Ancestor 4				

Other Additions/Other Subtractions Listing

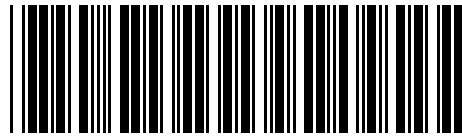
	Description	Amount
Other Additions 1		
Other Additions 2		
Other Additions 3		
Total Other Additions		
Other Subtractions 1		
Other Subtractions 2		
Other Subtractions 3		
Total Other Subtractions		

2006 PIT-1 NEW MEXICO PERSONAL INCOME TAX

1024

For the year January 1 - December 31, 2006,

or other fiscal year beginning , ending



If amending use 2006 Form PIT-X.

Check this box if address is new or changed.

TEST R WANN

7 HEAVENS LN

TUCSON

AZ 85701

1. SOCIAL SECURITY NO.

400-00-7505

Residency Status:
complete for each taxpayer.

N If RESIDENT, enter "R";
If NON-RESIDENT,
enter "N";
If FIRST-YEAR RESI-
DENT, enter "F";
If PART-YEAR RESI-
DENT, enter "P".

Check if taxpayer or
spouse is deceased.
Enter date of death.

Claimant's name if taxpayer(s) is deceased

Claimant's Social Security Number

2. EXEMPTIONS Number of Qualified Exemptions

If you are a dependent of another taxpayer, enter 00. 8

3. EXTENSION OF TIME TO FILE - Mark the box if you have a federal or state extension and enter extension date.

4. FILING STATUS - Check only one box below.

(1) Single

(2) Married filing jointly

(3) Married filing separately (Enter spouse's Social Security Number above)

X (4) Head of Household (Enter name of person qualifying you as head of household
if that person is not counted as a qualified
exemption on your federal return)

(5) Qualifying widow(er) with dependent child 2004 2005
Indicate year spouse died

5. DEPENDENTS: As listed on your federal return

(1) First name	Last name	(2) Dependent's social security #
ANGELA	WANN	400-55-7560
GABRIEL	WANN	400-55-7561
MICHAEL	MONDAY	400-55-7562
LUCKY	MONDAY	400-55-7563

6. FEDERAL ADJUSTED GROSS INCOME	6	98,037
(From line 38, federal form 1040 or line 22, 1040A or line 4, 1040EZ)		
7. Additions to federal income (From line 20 of PIT-ADJ; attach PIT-ADJ) +	7	500
8. Federal standard or itemized deduction amount (From line 40, federal form 1040 or line 24, 1040A or line 5, 1040EZ) 8a. Check here if you itemized X -	8	13,203
9. Federal exemption amount (From line 42, federal form 1040 or line 26, 1040A, or leave blank if you filed 1040EZ) -	9	26,400
10. Deductions/Exemptions from federal income (Line 16 of PIT-ADJ; attach PIT-ADJ) -	10	
11. Medical care expenses (See PIT-1 instructions) -	11	735
12. NEW MEXICO TAXABLE INCOME (Add lines 6 & 7 minus lines 8, 9, 10 & 11) =	12	58,199
13. Tax on amount on line 12 from: If Rate Table, Enter "R"; If line 15 of PIT-B, Enter "B" B	13	2,223
14. Additional amount for tax on lump-sum distributions (See PIT-1 instructions) +	14	
15. Subtract total non-refundable credits (Line 24 of PIT-ADJ; attach PIT-ADJ) -	15	
16. NET NEW MEXICO INCOME TAX (Add lines 13 & 14 minus line 15) (Cannot be less than zero) =	16	2,223
17. Total claimed on rebate & credit schedule (Line 27 of PIT-1-RC; attach PIT-1-RC)	17	
18. 2006 income tax energy rebate. +	18	
19. New Mexico income tax withheld (Attach W-2, 1099 or WK) +	19	1,250
20. New Mexico income tax withheld from oil and gas proceeds (Attach 1099 or RPD-41285) +	20	
21. 2006 estimated income tax payments (See PIT-1 instructions) +	21	
Enter 1, 2, 3, 4 or 5 in the box if you owe penalty on underpayment of estimated tax and you qualify for special penalty calculation methods; attach RPD-41272		
22. Other payments +	22	
23. Total payments and credits (Add lines 17 through 22) =	23	1,250
24. TAX DUE (If line 16 is greater than line 23, enter difference here)	24	973
25. OVERPAYMENT (If line 16 is less than line 23, enter difference here) ►	25	
26. Refund donations (Line 10 of PIT-D; attach PIT-D) -	26	
27. Amount from line 25 you want applied to year 2007 Estimated Tax -	27	
28. AMOUNT TO BE REFUNDED (Line 25 minus lines 26 and 27) =	28	

2006 PIT-1 (page 2)

NEW MEXICO PERSONAL INCOME TAX

YOUR SOCIAL SECURITY NUMBE

400-00-7505

**MAIL THIS RETURN TO:**

New Mexico Taxation and Revenue Department

P.O. Box 25122

Santa Fe, New Mexico 87504-5122

Do not submit a **photocopy** of this form to the Department.
Submit only original forms and retain a copy for your records.

Electronic Filers: If you electronically file and pay your New Mexico Personal Income Tax Return, your due date is May 1, 2007. All others must file by April 17, 2007. See PIT-1 instructions for details.

FILING CHECKLIST

- ☐ Are name(s) and address complete, correct and legible?
- ☐ Are social security numbers legible, accurate and entered on each form where indicated? Spouse's social security number **must** be included if filing "Married Filing Separately".
- ☐ Are W-2 Forms included?
- ☐ If required, is Schedule PIT-ADJ completed and included with Form PIT-1?
- ☐ If there is an entry on line 17 of Form PIT-1, is Schedule PIT-1-RC included? Are questions A, B, and C answered?
- ☐ If required, is Schedule PIT-B included?
- ☐ If there is an entry on line 26 of Form PIT-1, is Form PIT-D included?
- ☐ Have you checked the arithmetic on your forms? Are all required fields completed and correct?
- ☐ Have you included all forms and attachments with your return? DO NOT STAPLE the forms and attachments.
- ☐ Is the return properly signed and dated? Is a contact telephone number included on the bottom of this form?
- ☐ Did you prepare the original forms for mailing to the Department and make a copy of ALL documents for your records?
- ☐ If tax is **DUE**, did you mail form **PIT-PV** and check for the full amount to PO Box 8390, Santa Fe, NM 87504-8390?
Are social security number(s) and "2006 PIT-1" written on your check? Make your check or money order payable to New Mexico Taxation and Revenue Department.
- ☐ If you must make estimated tax payments for tax year 2007, did you mail **PIT-ES** and check to PO Box 8390, Santa Fe, NM 87504-8390?
Are all social security number(s) and "2007 PIT-ES" written on your check? Make your check or money order payable to New Mexico Taxation and Revenue Department.

!! REFUND EXPRESS !!
HAVE IT DIRECTLY DEPOSITED!!
SEE INSTRUCTIONS AND FILL IN 1, 2 AND 3.

1. Routing number:

3. Type: Checking Savings
 Enter "C" Enter "S"

2. Account number:

I declare I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

Your signature	Date
----------------	------

Spouse's signature _____ Date _____
(If filing jointly, BOTH must sign even if only one had income)

Taxpayer's phone number **520-349-5959**

Preparer's NM CRS ID Number

Signature of preparer other than taxpayer _____ **03-21-2006**
Date

Include preparer's SSN or PTIN **400-66-8712**Preparer's phone number **520-524-2921**



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code THE EMPLOYEEER THE ROAD WAYNESVILLE NC 28786		1 Gross distribution \$ 15,000 2a Taxable amount \$ 10,000		OMB No. 1545-0119 2006 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 11-1222333	RECIPIENT'S identification number 400-00-7505	3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$			
RECIPIENT'S name TEST R WANN Street address (including apt. no.) 7 HEAVENS LN City, state, and ZIP code TUCSON AZ 85701		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$ 6 Net unrealized appreciation in employer's securities \$ 7 Distribution Code 1 IRA/SEP/SIMPLE <input type="checkbox"/> 8 Other \$ % 9a Your percentage of total distribution % 9b Total employee contributions \$			
1st year of desig. Roth contrib. 		10 State tax withheld \$ 2,500 \$ 11 State/Payer's state no. AZ OR123444777		12 State distribution \$ 10,000 \$	
Account number (see instructions)		13 Local tax withheld \$ \$		14 Name of locality 	15 Local distribution \$ \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page